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ABSTRACT

Integrative family therapy is an integration of personality theory and counseling theory actualized in the counseling process. Personality theory contributes five interrelated concepts to a model of family therapy, including communication/perception, individual roles, family subunits, family themes, and individual personality dynamics; these concepts attempt to define the nature of individual and family function and dysfunction. In an integrative family therapy model, all therapist's interactions with the family are guided by the hypotheses generated from personality constructs. Research on the interaction of these concepts in dysfunctional families identifies a close correlation between several personality dynamics and family problems. The theory has been used with over 1100 families with relative success; however, further research is needed. (JAC)

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INTEGRATIVE FAMILY THERAPY:

THEORETICAL CONSIDERATIONS

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Family therapy is an expanding area in the counseling field, and, as such, is gaining more attention from practitioners and students alike (Hollis and Wantz, 1980). Its current popularity is at least in part due to society's concern with the survival of the family unit. Judging by the response of counselors to convention programs, workshops, and graduate classes dealing with family issues, school personnel appear to be increasingly interested in gaining insights into family relationships. It may also have something to do with the desire on the part of professionals and insurance companies to develop more effective, short-term approaches for therapeutic intervention (Johnson and Gelso, 1980). Mental health professionals in counseling and psychology have responded to this felt societal need by attempting to develop theoretical frameworks that can help families cope with changes and challenges in their life (Gurman and Kniskern, 1981). Several major family counseling approaches have evolved over the past twenty-five years. The Communication Theory, as developed by Virginia Satir and Jay Haley, is one of the oldest and most popular theories. Walsh (1980) briefly describes this theory as follows:

> In reality, the Communication model is a collection of slightly different treatment philosophies that share a common core belief. The core belief is that human communication is the most important characteristic of family life. Clear, honest communication between family members promotes the mutual resolution of problems and conflicts and is expressed in a pleasurable family life style. Dysfunctional communication, on the other hand, directly produces tension in the family unit. This tension may be expressed in a number of ways, one of the most common being emotional disturbances in one or more family members.

> Beginning with this common core of beliefs, the various communication theorists have developed their own unique conceptualizations of functional and dysfunctional communication processes and their own treatment strategies. (P. 4)

The Systems Theory of Murray Bowen is a second pioneering theory in the field. His framework is one of the most inclusive in family counseling, and several of his concepts have been incorporated into other, more recent theories. Most notable among these are the concepts of family triangles, the multigenerational transmission process, and the emotional cut-off.

Both the Communication and Systems models were pioneered in the 1950's. The latter years of the 1960's witnessed the development of two other major theories of family therapy. They are Structural Model of Salvador Minuchin and the Social Learning Approach of Gerald Patterson. Walsh (1980) has reviewed these models in depth in his recent textbook. In the introduction to this work he states:

> Working with families referred to the Philadelphia Guidance Clinic, Minuchin focused on the structure of the family as the prime variable in functional and dysfunctional families. In the past dozen years, he has developed one of the most comprehensive treatment models in the family therapy field. His treatment interventions are frequently original, aggressive, intrusive, and dramatic. Gerald Patterson, on the other hand, has applied standard behavioral principles to the treatment of families.

> Using operant conditioning techniques, he has produced quick and efficient change in disturbed families. His research has shown the effectiveness of this model, particularly with families who have behaviorally disturbed children (P. XI-XII).

Integrative Family Therapy

As we move into the 1980's, the field of family therapy appears to be stabilizing from the rapid growth experienced in the 1960's and 1970's. This author has observed that a second generation of theorists is expanding and modifying the most viable concepts of the pioneers in the field. Integrative Family Therapy may be considered one of these second generation theories. It may be considered as one of the briefer and more specific models, and thus more appropriate for use by counselors. Walsh (1980) describes his choice of the word "Integrative" as an appropriate title for the theory in the following manner:

> Basically, it is an integration of several components into one consistent model. First, it is an integration of the ideas of other family theorists with my own personal background. Specific ideas and techniques have been selected from other models and modified to fit my philosophy and personality. Second, it is an integration of these selected concepts of family therapy with the traditional ideas of individual personality development. A practitioner of this approach may follow any one of the many intra-psychic models of therapy and combine those with the major propostions and techniques of Integrative Family Therapy (P.XII).

More specifically, the model is composed of two parts, theory of personality and theory of counseling. The focus of this discussion will be the theory of personality. The theory of counseling is the actualizing of these concepts in the counseling process, and involves the use of sequential stages and specific techniques in each. A thorough discussion may be found in a textbook by Walsh (1980). The theory of personality attempts to answer the question, why do people and family units behave the way they do? It consists of five interrelated concepts that, taken together, attempt to define the nature of individual and family function and dysfunction. These five concepts, which aid the therapist in developing a diagnostic picture of the individual and the unit, are communication/perception, individual roles, family subunits, family themes, and individual personality dynamics.

The first four concepts are modification of the concepts developed by the previously mentioned major theorists. Virginia Satir (1967), for example, considers communication to be the life force in a family. She describes family communication in the following way: "Communication is to a family, what breathing is to life." However, in her emphasis on the communication process, she does not specifically isolate the perceptive realm as a source of dysfunction and a focus of remediation. Barnhill (1979) building on her work, does discuss communication and perception as two parts of a process that he calls information processing. His ideas are closer than Satir's to Integrative in this particular area. But the Integrative emphasis appears to be more intensive regarding this receptive element of the communication process. In fact, it considers faulty perception to be a more dysfunctional element in families than miscommunications.

Another example of the modification of a major theory is in the area of subunits. Salvador Minuchin (1974), in his Structural Family Therapy,

identifies family subsystems as a major concept in his theory. This subsystem organization in the family is the way it chooses to carry out functions. Subsystems then are organized around functions, and the family decides who will participate and who will be excluded. Any combination of family members may be tolerated if their presence is viewed as important for fulfilling the functions. A mother and son may join together to complete one task, while another will require the alliance of father and son. The resulting configuration of subsystems in any given family can easily become complex and confused. In the area of subsystems, Integrative has a narrower focus. It concentrates on the three major subunits of a family, namely, the marital, parental, and sibling. The hypothesis being that intra-generational alliances are more functional than inter-generational ones. Even Minuchin talks about the effects of breached generational boundaries as being dysfunctional and causing confused structural alignments. Other alliances may be observed in family interactions, but the Integrative therapist chooses to focus only on these three. This narrower focus is considered to be as therapeutically productive as the more comprehensive evaluation of a Structural theorist, and also more efficient in the resolution of family problems. The narrower focus and feelings of productivity and efficiency are also true of the other two concepts, roles and themes.

The fifth concept, individual personality dynamics, is a departure from the theories of most major family counseling models. However, several theorists do attempt to account for individual psychologies in their formulations. Ackerman, (1966) and Kramer, (1980) are examples. They consider individual family members as having personality dynamics that influence the family unit. They both believe that the intra-psychic

phenomena in each individual family member effects the interpersonal processes in the family unit. However, each one has a specific theory of personality, psychoanalysis, to understand and diagnose each family member. The Integrative therapist shares this belief but feels that any individual model of therapy may be used in conjunction with the four relationship concepts. If the theory is to be useful for a variety of practitioners in different settings, why limit the choice of an intra-psychic model to psychoanalysis? Or, for that matter, why limit the choice to any one theory? This is particularly attractive to experienced therapists who already have a well-developed personal model for treating individual problems. This aspect of the model can provide maximum flexibility for the therapist, and a smooth transition to the treatment of families. This author has observed and supervised experienced therapists using a number of the major individual models with Integrative. These would include the Rational-Emotive, Adlerian, Behavioral, Phenomenological, Reality, and Dynamic models. This author further believes that any individual theory can be blended with the four relationship concepts to form the Integrative Family Therapy model.

Let us now turn to a more specific discussion of each of the four relationship concepts. The first concept, communication/perception is perhaps the most basic, since it pervades every personal interaction. Communication refers to the sending of a message. Perception related to the reception of the message. In Integrative, these are to separate processes and must be evaluated in this light. A breakdown may occur in one aspect of this process that will affect the total process. By separating out which part of the process is dysfunctional, a more accurate treatment strategy will ensue. For example, a wife may send clear and concise messages to her husband. However,

based on his own biases, a husband may perceive these messages in an inaccurate and distorted manner. In this case, it is not the wife's communication that must be the focus of intervention but, rather the husband's perception. The breakdown is in the second part of the process, and the perception per se can be the object of the therapist's energy. Preliminary research data on the Integrative Model indicate that faulty perception is a more significant element in dysfunctional families than faulty communication (Walsh and Wood, 1980). This being the case, an Integrative therapist would be more aware of each family members perceptions, and perhaps design interventions to remediate this specific problem.

Individual roles are the second concept. These refer to the individual identities that each member adopts to accomplish certain tasks in the family. The most obvious roles are those of husband, wife, father, mother, son, daughter, and student. However, roles in a family may vary over a spectrum from the very obvious and circumscribed to the most subtle and unstructured. The latter would include the bad boy, the competent one, the good wife, and the achiever, to name a few. Lack of understanding or acceptance of roles are other problem areas. The end result of poorly stated and negotiated roles is irresponsibility. The individual fails to fulfill role expectations, and hence, family tasks remain uncompleted. The three major problems that this author has encountered in families relative to roles are: members unrealistic expectations of one another, poorly communicated or perceived expectations of one another, poorly communicated or perceived expectations, and irresponsibility on the part of any or all family members. These three appear to be the major causes of dysfunction in the role area.

The third concept is family subunits. This is similar to Minuchin's (1974) concept of family sub-structures. However, in Integrative the focus is not circumscribed and narrowly defined. For the Integrative therapist

there are three major family subunits, the marital subunit, the parental, and the sibling. The marital subunit is comprised of two adults in the family who are bonded together by emotional, sexual, or economic factors. In the nuclear family, they are typically the husband and wife. This subunit is the source of marital need satisfaction in the functional family. In the dysfunctional family, it is frequently the arena for conflict, revenge, or avoidance. All of the typical marital and sexual problems surface in this subunit. The parental subunit is the governing body of the family. It is the source of decision-making, goal setting, and nurturance for the entire unit. This subunit usually consists of the mother and father or any varient to that theme (i.e. step-parents, grandparents, surogate parents). In single parent families, it may consist of only one adult, however that parent may enlist the aid of another person to share the functions of this subunit. A grandparent or older child may be included temporarily or permanently to help with the parenting and decision-making functions. The sibling subunit is populated by the children of the family, natural, adoptive, or foster. This is, in a sense, the training ground of the family. In a functional family, this subunit provides education, support, and guidance appropriate to the developmental levels of the individuals involved. Ideally, it produces responsible and functional adults. In a dysfunctional family, it can be a place of considerable suffering and acting-out behavior. It is usually the source of many referrals for family therapy. The family subunit should be self-contained and guarded by clear boundaries as defined by Minuchin (1974). Intrusions by members of one subunit into another, or faulty communication and perception between or within subunits can be major dynamics in dysfunctional families. Integrative therapy considers the parental subsystem to be crucial for healthy family

functioning. A strong parental bond can be the basis for dealing with family crises and the springboard for remediative action.

Family themes are the fourth concept and refer to continually recycling issues. These can be positive or negative. Themes are closely related to the psychoanalytic concept of the repetition compulsion. When negative themes are allowed to persist, the family is faced with unresolved conflicts that tend to multiply and increase. The accumulation of these over many years can produce an irreconcilable situation. Individuals may decide to dissolve their family unit rather than work on this seemingly insurmountable list of grievances and conflicts. The Integrative therapist seeks to identify the major themes in a family, discuss them with all members, and develop goals to modify or remediate the negative issues. This author believes that there are a limited number of themes in most families. Even in severly dysfunctional families, three to five negative themes appear to be the norm.

The final concept relates to individual personality dynamics. This characteristic refers to those behaviors that an individual uses to cope with daily living situations. It is the position of Integrative Family Therapy that an understanding of an individual family member's behavior is essential in order to gain a complete diagnostic picture. The unique personality of each individual contributes to the family's relationships as expressed by the previous four concepts. Therfore, an Integrative therapist must have a theoretical framework for understanding individual behavior, which is used to complement the family characteristics and produce a full therapeutic picture. As previously stated, an Integrative therapist can use any individual theoretical framework as all the well known models appear to blend with the Integrative model.

Looking Ahead

The preceding five concepts constitute the theory of personality of Integrative Family Therapy. They represent the theoretical framework of the therapist from which all change strategies will emanate. All of the therapist's interactions with a family will be guided by the hypotheses that are generated from these constructs. A pilot study (Walsh and Wood, 1980) focused on the interaction of each of these concepts in dysfunctional families, and identified several dynamics as being closely correlated with family problems. Further research is currently being conducted which will expand the focus to functional and dysfunctional families, and to families at different developmental stages. At this point in time, the theory has been used with approximately 1100 families with relatively successful outcomes. Future theoretical and applied research will hopefully substantiate these current findings.

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